

**TESTIMONY OF CHARLES C. MADDOX, ESQ.**  
**INSPECTOR GENERAL**  
**BEFORE THE COMMITTEE ON HUMAN SERVICES**  
**INSPECTION OF THE DEPARTMENT OF HEALTH**  
**JUNE 11, 2003**

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GOOD MORNING COUNCILWOMAN ALLEN AND MEMBERS OF THE COMMITTEE. I WELCOME THIS OPPORTUNITY TO SHARE WITH YOU THE RESULTS OF OUR INSPECTION OF THE DEPARTMENT OF HEALTH (DOH), ADDICTION PREVENTION AND RECOVERY ADMINISTRATION (APRA). HERE AT THE TABLE WITH ME TODAY ARE AL WRIGHT, ASSISTANT IG FOR INSPECTIONS AND EVALUATIONS, AND LAWRENCE PERRY, SENIOR INSPECTOR AND TEAM LEADER FOR THE APRA INSPECTION. I BELIEVE THAT THESE HEARINGS PROVIDE BENEFICIAL FEEDBACK TO INSPECTED AGENCIES AS WELL AS TO THOSE WHO OVERSEE THEM. THEY ALSO SERVE AS A PERMANENT, PUBLIC RECORD OF THE ISSUES WE IDENTIFY, THE RECOMMENDATIONS WE MAKE, AND THE MILESTONES FOR IMPROVEMENT ESTABLISHED FOR ALL THOSE INVOLVED IN OUR INSPECTION AND AUDIT ACTIVITIES.

THIS TESTIMONY WILL PROVIDE BACKGROUND ON THE CONDUCT OF THIS INSPECTION AND HIGHLIGHT THE MOST CRITICAL FINDINGS AND ISSUES FACING THE ADDICTION PREVENTION AND RECOVERY ADMINISTRATION WHICH I WILL REFER TO HEREAFTER AS APRA. FIRST, HOWEVER, LET ME BRIEFLY EXPLAIN WHAT AN INSPECTION IS. INSPECTIONS ARE BOTH SIMILAR TO AND DIFFERENT FROM AUDITS. AUDITS TYPICALLY TAKE AN INCH-WIDE, MILE-DEEP LOOK AT ORGNIZATIONS, PROGRAMS AND FUNCTIONS, WITH A VIEW TOWARDS IDENTIFYING WHETHER PROGRAM RESULTS ARE BEING ACHIEVED. INSPECTIONS, ON THE OTHER HAND, USUALLY GO A MILE WIDE AND A MILE DEEP, WITH A FOCUS ON THE OVERALL MANAGEMENT AND OPERATIONS OF AN AGENCY OR PROGRAM. ULTIMATELY, OUR INSPECTION GOAL IS TO PROVIDE AN

INDEPENDENT SOURCE OF INFORMATION SO THAT MANAGERS CAN BETTER MEASURE PERFORMANCE AND ASSESS EFFICIENCY AND EFFECTIVENESS.

OUR PRIMARY MESSAGE TODAY IS THAT THE INSPECTION TEAM FOUND SIGNIFICANT DEFICIENCIES IN MOST OPERATIONAL AREAS OF APRA. THESE DEFICIENCIES, WHICH HAVE BEEN DISCUSSED WITH DOH MANAGEMENT, INCLUDE THE FOLLOWING ISSUES:

- SUBSTANCE ABUSE TREATMENT FACILITIES WERE OPERATING WITHOUT CERTIFICATION;
- APRA WAS NOT IMPOSING FINES OR PENALTIES FOR PROGRAMS THAT FAILED TO APPLY FOR CERTIFICATION;
- APRA WAS NOT FOLLOWING ENFORCEMENT PROCEDURES AS PRESCRIBED UNDER DISTRICT REGULATIONS;
- APRA HAD NO SYSTEM TO IDENTIFY ALL SUBSTANCE ABUSE TREATMENT FACILITIES AND PROGRAMS;
- APRA WAS UNABLE TO PROVIDE ACCURATE STATISTICS REGARDING THE EFFECTIVENESS OF SUBSTANCE ABUSE TREATMENT FACILITIES AND PROGRAMS;
- THE TELEPHONE SYSTEM WITHIN THE CENTRAL INTAKE DIVISION WAS INADEQUATE; AND
- APRA WAS NOT EFFECTIVELY DETERMINING MEDICAID ELIGIBILITY FOR CLIENTS.

### **BACKGROUND AND OBJECTIVES**

APRA HELPS KEEP DISTRICT RESIDENTS FROM BECOMING DEPENDENT ON ALCOHOL, TOBACCO, AND OTHER DRUGS, AND HELPS PERSONS ALREADY ADDICTED RETURN TO SOBRIETY AND A POSITIVE LIFESTYLE. THE INSPECTION FOCUSED ON THE FOLLOWING AREAS:

- APRA'S ROLE AS THE SINGLE STATE AGENCY FOR SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES;
- THE CERTIFICATION PROCESS FOR SUBSTANCE ABUSE TREATMENT FACILITIES AND PROGRAMS;
- INTAKE, ASSESSMENT, AND REFERRAL SERVICES;
- DETOXIFICATION SERVICES;
- PREVENTION SERVICES; AND
- MEDICAID REIMBURSEMENT AND PATIENT BILLING.

### **HOW THE INSPECTION WAS CONDUCTED**

THE INSPECTION TEAM (TEAM) CONDUCTED 13 INTERVIEWS, TOURED WORK AREAS AND FACILITIES, REVIEWED NUMEROUS DOCUMENTS, AND DIRECTLY OBSERVED KEY WORK PROCESSES.

I AM PLEASED TO SAY THAT BOTH THE DIRECTOR OF DOH AND APRA MANAGEMENT AND EMPLOYEES WERE FULLY COOPERATIVE AND RESPONSIVE DURING ALL PHASES OF THE INSPECTION. IN ADDITION, THEY CONCURRED WITH MANY OF OUR FINDINGS AND RECOMMENDATIONS. WHERE THEY DID NOT CONCUR, THEY PROVIDED ACCEPTABLE ALTERNATIVES AND CLEARLY ARTICULATED THEIR INTENT TO TAKE APPROPRIATE CORRECTIVE ACTION.

### **HIGHLIGHTS OF MAJOR FINDINGS**

AS STATED EARLIER, THE INSPECTION TEAM FOUND SIGNIFICANT DEFICIENCIES IN NEARLY ALL INSPECTED AREAS OF THE APRA. THE FOLLOWING, HOWEVER, ARE WHAT I CONSIDER TO BE THE MAJOR FINDINGS IN THE REPORT:

**THE DETOXIFICATION CENTER DOES NOT HAVE THE CAPACITY TO HANDLE THE NUMBER OF PERSONS SEEKING TREATMENT.** FIVE YEARS AGO, THE CENTER HAD THE CAPACITY TO TREAT 105 PEOPLE DAILY. DUE TO BUDGET CUTS, HOWEVER, THERE WAS A REDUCTION IN THE NUMBER OF TREATMENT SLOTS. APRA'S BUDGET FOR DETOXIFICATION SERVICES HAS REMAINED AT

APPROXIMATELY THE SAME LEVEL FOR THE PAST 3 FISCAL YEARS, AND DOES NOT PERMIT THE ADDITION OF TREATMENT SLOTS AS NEEDED. THE TEAM REVIEWED CENSUS DATA ON DRUG AND ALCOHOL ABUSERS AND FOUND THAT TO ACCOMMODATE ALL PATIENTS REQUESTING SERVICES, THE CENTER NEEDS TREATMENT SLOTS FOR APPROXIMATELY 100 CLIENTS PER DAY. PRESENTLY, HOWEVER, THE CENTER CAN ONLY PROVIDE DETOXIFICATION SERVICES TO A MAXIMUM OF 80 PEOPLE. BECAUSE THE CENTER NORMALLY OPERATES AT CAPACITY, IT MUST TURN AWAY 20 OR MORE PEOPLE WHO REQUIRE TREATMENT.

ALTHOUGH THE CENTER MAINTAINS A WAITING LIST, THE CENTER'S PROGRAM MANAGER STATED THAT IT IS CRITICAL TO TREAT PATIENTS AT THE POINT OF ENTRY. MANY PEOPLE WHO HAVE SIGNED UP DO NOT RETURN, AND THE CENTER'S STAFF CANNOT LOCATE THEM WHEN A SPACE BECOMES AVAILABLE. THEREFORE, THOSE NEEDING DETOXIFICATION SERVICES DO NOT RECEIVE THE NECESSARY TREATMENT AND MAY CONTINUE TO ABUSE SUBSTANCES BY FAILING TO RETURN WHEN A TREATMENT SLOT BECOMES AVAILABLE.

**PHYSICAL CONDITIONS AT THE DETOXIFICATION CENTER POSE HEALTH AND SAFETY HAZARDS.** THE CENTER IS LOCATED IN AN OLD BUILDING IN NEED OF STRUCTURAL, ELECTRICAL, PLUMBING, AND AIR-CONDITIONING REPAIRS. THE PROGRAM MANAGER REQUESTED THAT THE D.C. DEPARTMENT OF HUMAN SERVICES (DHS), WHICH PROVIDES FACILITY MAINTENANCE SERVICES FOR DOH, MAKE REPAIRS, BUT WAS TOLD THERE IS A BACKLOG OF SUCH REQUESTS AT DHS. THERE IS ALSO A YEAR-OLD REQUEST FOR CLEANING AND INSPECTION OF THE AIR FILTRATION SYSTEM. WHILE AWAITING MAINTENANCE ON THE SYSTEM, THE CENTER PURCHASED TWO PORTABLE HOUSEHOLD AIR FILTRATION SYSTEMS, BUT THESE SYSTEMS ARE NOT ADEQUATE TO MEET THE NEEDS OF THE ENTIRE FACILITY. THE LACK OF A WELL-MAINTAINED CENTRAL SYSTEM COULD FOSTER THE SPREAD OF AIRBORNE DISEASES, AND ENDANGER THE HEALTH OF PATIENTS AND

EMPLOYEES.

IN ADDITION TO MAINTENANCE REQUESTS, THE CENTER HAS REQUESTED BUT NOT RECEIVED ESSENTIAL OFFICE SUPPLIES AND ADDITIONAL SHELVING TO STORE MEDICINE AND MEDICAL RECORDS. EMPLOYEES SPEND AN INORDINATE AMOUNT OF TIME TRYING TO LOCATE PATIENT RECORDS AND MEDICAL SUPPLIES BECAUSE THEY ARE STORED IN BOXES RATHER THAN IN FILING CABINETS AND ON SHELVES. EMPLOYEES ALSO RUMMAGE THROUGH TRASH DUMPSTERS LOOKING FOR DISCARDED FURNITURE, SUCH AS DESKS AND CHAIRS, WHICH CREATES ADDITIONAL HEALTH AND SAFETY RISKS. CURRENTLY, THE CENTER HAS TWO EMPLOYEES WHO PERFORM ROUTINE CLEANING, BUT AS EVIDENCED BY THE POOR CONDITIONS FOUND DURING THE INSPECTION, THEY CANNOT ADEQUATELY MAINTAIN THIS 80-BED FACILITY. ALL OF THESE DEFICIENCIES PREVENT CENTER EMPLOYEES FROM CARRYING OUT THEIR DUTIES EFFICIENTLY AND EFFECTIVELY, AND NEGATIVELY IMPACT THE QUALITY OF THE DISTRICT'S DETOXIFICATION PROGRAM.

THE TEAM FOUND THE FOLLOWING SPECIFIC PROBLEMS:

- AIR-CONDITIONING SYSTEM VENTS COVERED WITH DUST AND GRIME;
- INADEQUATE VENTILATION AND TEMPERATURE CONTROL – PORTABLE FANS USED THROUGHOUT THE FACILITY TO MAINTAIN COMFORTABLE TEMPERATURES ARE ALSO COVERED WITH DUST AND GRIME;
- DIRTY FLOORS THROUGHOUT THE CENTER, AND FLOORS THAT HAVE NOT BEEN THOROUGHLY STRIPPED AND CLEANED IN AT LEAST A YEAR, ACCORDING TO THE PROGRAM MANAGER;
- EXPOSED, RUSTING, AND LEAKING PIPES;
- UNSANITARY FOOD PREPARATION AND FOOD SERVICE AREAS;

- INADEQUATE STORAGE FOR OFFICE SUPPLIES, PATIENT RECORDS, MEDICAL SUPPLIES, AND FOOD SUPPLIES;
- POSSIBLE ELECTRICAL CODE AND FIRE CODE VIOLATIONS;
- STANDING WATER IN MEN'S RESTROOMS DUE TO POOR DRAINAGE;
- LACK OF VENTILATION IN MEN'S RESTROOMS AND MOLD ON THE CEILING;
- LACK OF SHOWER CURTAINS OR PARTITIONS IN MEN'S SHOWER AREA AND LACK OF DOORS FOR PRIVACY IN MEN'S TOILET AREA;
- CRACKED TILES THROUGHOUT THE CENTER;
- WALLS IN NEED OF REPAIR AND PAINTING; AND
- EVIDENCE OF VERMIN INFESTATION.

IN ADDITION, THE CENTER HAS NOT BEEN INSPECTED OR CERTIFIED AS REQUIRED BY 29 DCMR CHAPTER 23.

ON SEPTEMBER 25, 2002, I SENT A MANAGEMENT ALERT REPORT (MAR 02-I-008) TO THE DIRECTOR OF DOH CITING THESE PROBLEMS AND ASKING TO BE NOTIFIED OF CORRECTIVE ACTIONS TAKEN. MANAGEMENT'S RESPONSE INDICATED THAT THE FOLLOWING IMPROVEMENTS HAD BEEN MADE:

- DINING ROOM RECEIVED 11 TABLES AND 44 CHAIRS;
- CLIENT WASHER AND DRYER WAS INSTALLED;
- PERSONAL HYGIENE SUPPLY ROOM FOR CLIENTS WAS ESTABLISHED AND STOCKED;
- LINEN ROOM WAS ORGANIZED AND STOCKED;
- A DEDICATED STAFF PERSON HAS BEEN ASSIGNED TO MANAGE THE FACILITY MAINTENANCE AND SUPPLIES;

- A PROGRAM MANAGER WITH EXTENSIVE CLINICAL EXPERIENCE HAS BEEN ASSIGNED TO THE DETOXIFICATION UNIT;
- AN ENVIRONMENTAL AND SAFETY INSPECTION IS CONDUCTED WEEKLY BY THE FACILITY MANAGER; AND
- THE DETOXIFICATION UNIT WAS INSPECTED AND RECEIVED NATIONAL ACCREDITATION IN JANUARY 2002 AND JUNE 2002.

**APRA PROGRAMS AND FACILITIES DO NOT HAVE MEDICAID PROVIDER NUMBERS.** TO PARTICIPATE IN THE D.C. MEDICAID PROGRAM, EACH SUBSTANCE ABUSE TREATMENT PROGRAM OR FACILITY MUST COMPLETE AN APPLICATION AND BE APPROVED BY THE MEDICAL ASSISTANCE ADMINISTRATION (MAA).<sup>1</sup> AFTER APPROVAL, THE FACILITY OR PROGRAM IS ASSIGNED A PROVIDER NUMBER WITH WHICH THEY SUBMIT CLAIMS TO MEDICAID FOR REIMBURSEMENT.

THE TEAM FOUND THAT NOT ALL APRA-RUN FACILITIES HAVE A MEDICAID PROVIDER NUMBER. THE TEAM ALSO FOUND THAT APRA DID NOT HAVE PROVIDER NUMBERS FOR CONTRACTORS WHO PROVIDE TREATMENT TO APRA PATIENTS.

ACCORDING TO THE PROGRAM MANAGER OF THE PATIENT-BILLING DEPARTMENT, APPLICATIONS HAVE NOT BEEN FILED WITH MAA FOR ALL APRA PROGRAMS. SHE FURTHER STATED THAT SHE WAS UNAWARE THAT CONTRACTORS SHOULD APPLY FOR THEIR OWN MEDICAID PROVIDER NUMBERS AND THAT APRA COULD THEN BILL MEDICAID FOR SERVICES PROVIDED BY THESE CONTRACTORS.

ON OCTOBER 17, 2002, I SENT A MANAGEMENT ALERT REPORT (MAR 03-I-001) TO THE DIRECTOR OF DOH CITING THESE PROBLEMS AND ASKING TO BE NOTIFIED OF CORRECTIVE ACTIONS TAKEN. MANAGEMENT RESPONDED THAT

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<sup>1</sup> The Medical Assistance Administration (MAA) is responsible for administering Titles XIX and XXI of the Social Security Act, which includes reimbursement to service providers under the Medicaid program.

APRA HAS SUBMITTED APPLICATIONS FOR PROVIDER NUMBERS FOR ALL APRA OPERATED METHADONE PROGRAMS TO MAA. MAA IS AWAITING SUBMISSION AND APPROVAL OF A MEDICAID STATE PLAN AMENDMENT FOR REIMBURSEMENT UNDER A SUBSTANCE ABUSE REHABILITATION OPTION BEFORE APPROVING ANY NEW APPLICATIONS FOR PROVIDER NUMBERS.

### **OIG RECOMMENDATIONS**

IN LIGHT OF THESE FINDINGS, WE MADE 29 SPECIFIC RECOMMENDATIONS THAT WE BELIEVE CAN ASSIST DOH MANAGEMENT IN TAKING CORRECTIVE ACTIONS. THEY INCLUDE:

- SEEKING ADDITIONAL FUNDING TO INCREASE THE NUMBER OF TREATMENT SLOTS AVAILABLE AT THE DETOXIFICATION CENTER IN ORDER TO ACCOMMODATE THE CURRENT DEMAND FOR ITS SERVICES;
- INSPECTING THE DETOXIFICATION CENTER TO IDENTIFY ANY VIOLATIONS OF DISTRICT CODES AND FEDERAL STANDARDS PERTAINING TO HEALTH, PHYSICAL SAFETY, FOOD SAFETY, AND BUILDING CONDITIONS, AND ENSURE THAT CORRECTIVE ACTIONS ARE TAKEN AS NECESSARY.
- ENSURING THAT APRA MANAGEMENT FILES THE APPROPRIATE APPLICATIONS TO OBTAIN A MEDICAID PROVIDER NUMBER FOR ALL OF ITS SUBSTANCE ABUSE TREATMENT FACILITIES AND PROGRAMS; AND THAT ALL CONTRACTORS ARE PROVIDED WITH THE NECESSARY APPLICATION FORMS TO OBTAIN VALID MEDICAID PROVIDER NUMBERS.

### **COMPLIANCE AND FOLLOW-UP**

I WOULD LIKE TO MAKE CLEAR MY STRONG BELIEF THAT AGENCY MANAGERS MUST WORK TO IMPLEMENT RECOMMENDATIONS THEY THEMSELVES ACKNOWLEDGE CAN HELP RECTIFY PROBLEMS. MY



RESPONSIBILITY AS INSPECTOR GENERAL IS TO FOLLOW-UP ON THEIR ACTIONS OR THEIR INACTION, AND TO INFORM THE MAYOR, THIS COUNCIL, AND OTHER STAKEHOLDERS ABOUT AGENCY PROGRESS IN ADDRESSING THE CRITICAL ISSUES RAISED DURING OUR INSPECTIONS AND AUDITS. IN ADDITION, OUR INSPECTION PROCESS, AS IS THE CASE WITH OUR AUDIT PROCESS, INCLUDES CONTINUOUS POST-INSPECTION CONTACT WITH INSPECTED AGENCIES TO MONITOR THEIR PROGRESS IN COMPLYING WITH OUR REPORT RECOMMENDATIONS.

FOR EXAMPLE, A COMPLIANCE TRACKING FORM FOR EACH FINDING AND RECOMMENDATION WAS SENT TO THE DIRECTOR OF DOH ALONG WITH THE REPORT OF INSPECTION. OUR INSPECTIONS DIVISION COMPLIANCE OFFICER WILL COORDINATE WITH DOH ON VERIFYING COMPLIANCE WITH OUR RECOMMENDATIONS OVER AN ESTABLISHED TIME PERIOD. WE WILL ISSUE PERIODIC REPORTS ON COMPLIANCE BY DOH AND OTHER INSPECTED AGENCIES TO THIS COMMITTEE AND ALL OTHER RECIPIENTS OF OUR ORIGINAL INSPECTION REPORT. BASED ON THE COOPERATION AND RESPONSIVENESS EXHIBITED BY DOH LEADERSHIP THUS FAR, I AM CONFIDENT THAT THE DEPARTMENT WILL TAKE POSITIVE STEPS TOWARD IMPROVING ITS OPERATIONS AND PERFORMANCE.

THIS CONCLUDES MY TESTIMONY ON OUR INSPECTION OF THE ADDICTION PREVENTION AND RECOVERY ADMINISTRATION, AND I WILL BE HAPPY TO ANSWER ANY QUESTIONS YOU MAY HAVE.